

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8438	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Jess R Babich P.O. Box, Bldg., Room No., if any Street 10473 Otter Creek Drive City Jacksonville, State Florida ZIP Code + 4 32222	4. Name, file number, and address of labor organization. Name ILA Clerks and Checkers Local 1593 Labor Organization File Number 017-655 P.O. Box, Building and Room Number, if any PO Box 26363 Street City Jacksonville State Florida ZIP Code + 4 32226
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name ILA/JMA Welfare and Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 3275 Street 920 A. Phillip Randolph Blvd. City Jacksonville, State Florida ZIP Code + 4 32206	7.a. Nature of Interest, Transaction, or Income. Wages for attending meetings 7.b. Amount. \$928

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Jess R. Babich</i></u>	On <u>3/29/2006</u> Date	<u>904-759-5934</u> Telephone Number

Name of Person Filing Jess Babich	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name n/a Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name n/a Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name n/a Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

*Jacksonville Maritime Association
International Longshoremen's Association
Welfare and Pension Administration
Port of Jacksonville*

920 A. Phillip Randolph Blvd., Jacksonville, Florida 32206

Phone 904-354-7258

MAILING ADDRESS
PO BOX 3275

• GCU • C 644

March 15, 2006

Mr. Jess Babich, JMA/ILA
JMA/ILA Welfare & Pension Trustee
P.O. Box 26363
Jacksonville, FL 32226

RE: Filing LM – 30 Form

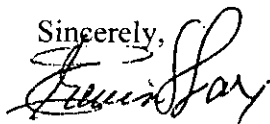
Please find below expense reimbursements and related payments made to you from the JMA/ILA Welfare and Pension Administration for the period January 1, 2005 through December 31, 2005. This information is being provided to assist you in filing the LM-30 Form for the Department of Labor

Our records indicate that you have received the following payments/
reimbursements for the period January 1, 2005 through December 31, 2005:

Date	Description	\$ Payment
May 12, 2005	Trustees Meeting	232.00
August 09, 2005	Trustee Meeting	232.00
September 01, 2005	Trustee Meeting	232.00
November 23, 2005	Trustee Meeting	232.00
Total Payments		\$ 928.00

The deadline for filing your LM-30 form is March 31, 2006. If you need additional information please let me know.

Sincerely,



Erwin L. Lax, Fund Administrator

Attachment